

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
8-91-06

SERIAL NO. 10689325  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
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40	1		1			
41		1		1		
42		1		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	44		38			
TOTAL CLAIMS	49		43			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						